

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593,354

FILING DATE

09-19-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			2			
4			3			
5			4			
6			5			
7			6			
8			7			
9			8			
10				1		
11				1		
12				1		
13				1		
14				1		
15			Canceled			
16				1		
17			Canceled			
18				1		
19			Canceled			
20				1		
21			2			
22			3			
23				1		
24			4			
25			5			
26				1		
27			6			
28				1		
29			7			
30				1		
31				1		
32			8			
33			9			
34				1		
35			10			
36				1		
37				1		
38				1		
39				1		
40			11			
41			12			
42			13			
43			14			
44				1		
45			15			
46			16			
47				1		
48			17			
49			18			
50			19			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		4		4		4

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52			2			
53			3			
54			4			
55			5			
56			6			
57			7			
58			8			
59			9			
60				1		
61				1		
62				1		
63			10			
64			11			
65			12			
66				1		
67				1		
68				1		
69				1		
70				1		
71				1		
72				1		
73				1		
74				1		
75				1		
76				1		
77				1		
78				1		
79				1		
80				1		
81				1		
82				1		
83				1		
84				1		
85				1		
86				1		
87				1		
88				1		
89				1		
90				1		
91				1		
92				1		
93				1		
94				1		
95				1		
96				1		
97				1		
98				1		
99				1		
100				1		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS		4	31	4		4